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IMAGE 1 HERE

“Hello, my name is Seb and I will be running your workshop today.”

I was a final year medical student in front of a group of postgraduate Masters students on a research methods module. Two years before, I had studied an MSc in Medical Education. Subsequently, I was invited back to lecture on the Masters courses, in both research methods and medical education. On the one hand, I was the lowest rung on the medical career ladder – a medical student. On the other hand, I have a postgraduate degree, several publications and am a fellow of the Higher Education Academy – a UK “national body which champions teaching excellence” (1).

This juxtaposition of statuses and roles created an interesting situation. In my class were some senior clinicians, and would be my teachers at some stage. The classroom was my domain – the clinical setting was theirs.

One encounter stands out in my memory. I was on a clinical placement when a doctor said to her colleagues “this is my lecturer on my degree – be nice to him!” I felt embarrassed, despite the complimentary nature of this encounter – and I guess that reflects my personal way of responding to such situations.

Another example, which was more negative, occurred during a class that I was teaching. I introduced myself as a fourth year medical student who had completed

an MSc in Medical Education. One group of students switched off as soon as the words “medical student” were out of my mouth. They were chatting, texting, and staring out of the window. Interestingly, my response to this was a sense of fatalistic acceptance – I half expected this from some of the group. This was frustrating, to be pre-judged on my seemingly inferior “day job”.

These are both examples of what is called “role conflict”. This refers to a situation in which one is faced with conflicting expectations based upon different statuses that one holds, or is perceived to hold (2). It may be defined as “emotional conflict arising when competing demands are made on an individual in the fulfilment of his or her multiple social roles” (3). How could I be both a medical student and a lecturer? Having recently completed my medical degree, I find myself reflecting on my experiences of role conflict over the past few years.

Medical education, and healthcare education in general, bring together individuals from many different backgrounds. I am aware of many medical student colleagues with previous degrees, including several at doctoral level. In addition, more doctors are opting to work part-time than previously, which might allow them the time for additional commitments – for example, academic commitments similar to my own (4). It has been predicted that the number of doctors choosing to work part-time will increase over the coming years (4). If a medical student had a PhD, they may continue to lecture within their field of interest. How might they psychologically balance this with their medical student / junior doctor persona?

We all wear many hats for our many roles in life. We are all healthcare professionals, but what else are we? We may be educators, students, parents, friends, or many other mixes of professional and personal identities. Such identities may also open the window to potential role conflicts. For example, commitments as a parent may prove challenging to balance with commitments as a healthcare professional. How should these distinct roles be balanced? Is there a cost?

Chen et al have explored the role conflict of doctors and their families (5). They found that “these physicians faced competing expectations: at an internal level, those of their ideal role in their family and their ideal professional identity; and at an external level, those originating from other family members and from other physicians. Reconciling these conflicting expectations was made more difficult by what they deemed to be suboptimal circumstances of the modern health care system” (5). Wider research states that role conflicts can manifest themselves in a variety of ways. These may be both positive and negative, and may include (6):

- Reduced self-efficacy;
- Job dissatisfaction;
- Increased creativity;
- Flexibility in work; and
- Gaining multiple perspectives on situations.

My own experiences of role conflict have not yet manifested in either of the aforementioned negative ways. Despite this, they have led to feelings of embarrassment and anxiety. That said, I have truly benefited through a long-term

building of confidence – as counterintuitive as this may seem – and in the development of the multiple perspectives that the roles have granted me. I would now be interested to see how such role conflicts impact on others within medical education.

In summary, my own experiences with role conflict – Seb the lecturer versus Seb the medical student – have led me to reflect on its place within medical education. My hope is that this article sparks further thought on this area.

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